




22W 1682

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/834,792	
	Filing Date	April 13, 2001	
	First Named Inventor	Margolskee et al.	
	Group Art Unit	1647	
	Examiner Name	Sharon L. Turner	
Total Number of Pages in This Submission	12	Attorney Docket Number	34116/1051

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (with Exhibits 1-6)/ Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (\$510.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$510.00 <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	 Registration No. 30,727
Date	April 1, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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<u>4/4/05</u> (703) Date	<u>Wendy L. Barry</u> Signature Wendy L. Barry Typed or printed name

Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <div style="font-size: 24pt; font-weight: bold; text-align: center;">FEE TRANSMITTAL</div> <div style="font-size: 18pt; font-weight: bold; text-align: center;">FOR FY 2005</div> <div style="text-align: center;">APR 07 2005</div>		Complete if Known	
		Application Number	09/834,792
		Filing Date	April 13, 2001
		First Named Inventor	Margolskee et al.
		Examiner Name	Sharon L. Turner
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1647
TOTAL AMOUNT OF PAYMENT (\$0)		Attorney Docket No.	34116/1051

### METHOD OF PAYMENT (check all that apply)

☒ Check   
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

**Total Claims**    14    - 27 =    0    x            =           
 **Extra Claims**    0    x            =           
 **Fee (\$)**            **Fee Paid (\$)**        

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**    1    - 15 =    0    x            =           
 **Extra Claims**    0    x            =           
 **Fee (\$)**            **Fee Paid (\$)**        

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**            - 100 =            / 50 =            (round up to a whole number)    x            =           
 **Extra Sheets**            / 50 =            x            =           
 **Fee (\$)**            **Fee Paid (\$)**        


#### 4. OTHER FEE(S)

**Fees Paid (\$)**

Non-English Specification,    \$130 fee (no small entity discount)

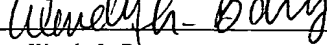
Other: \_\_\_\_\_

#### SUBMITTED BY

Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman		Date April 1, 2005

#### CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

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Name: Wendy L. Barry

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